

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  14D0940144	<b>(X3) Date Survey Completed</b>  01/29/2018
<b>Name of Provider or Supplier</b>  Bakal Dermatology Associates, Sc	<b>Street Address, City, State</b>  1786 Moon Lake Blvd Suite 100, Hoffman Estates, IL	
For information on the provider's plan to correct this deficiency, please contact the provider or the state survey agency.		

<b>(X4) ID Prefix Tag</b>	<b>Summary Statement of Deficiencies</b>
<b>No Tags</b>	No deficiency details available.